Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL041049 06/15/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY, STATE, ZIP CODE. 3823 LAWNDALE DRIVE BROOKDALE LAWNDALE DRIVE GREENSBORO, NC 27455 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (X5) COMPLETE EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) (C 000) Initial Comments Everything Mr Hiller pointed out to me was completed in {C 000} Report of a Follow-Up Construction Survey by Ed Miller June 15, 2016. the time giving. The following deficiencies cited during the Biennial Construction Survey, have not been satisfactorily corrected and will require a new Plan of Correction. (C 189) Building Equipment Maintained Safe, Operating {C 189} SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation, the building fire protection equipment was not maintained operable to keep the facility safe. This would affect all residents if the systems failed to detect smoke or suppress a fire. High Point Patridy, came out to service all wests to make sure all was working Findings on June 15, 2016: The motorized radiation dampers in the HVAC ceiling vents throughout the facility activated upon alarm, however when the alarm was reset the majority of the radiation dampers did not return to the open position. Based on observation, the building HVAC equipment was not maintained operating. This would affect all residents by not maintaining Division of Health Service Regulation Haintenance Director DISTORTE LABORATORY DIRECTOR'S OR PROMIDER/SUPPLIER RE RESENTATIVE'S SIGNATURE

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CI IA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER A. BUILDING: 01 COMPLETED HAL041049 B. WING 06/15/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3823 LAWNDALE DRIVE BROOKDALE LAWNDALE DRIVE GREENSBORO, NC 27455 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) (C 189) Continued From page 1 (C 189) adequate environmental conditions. Findings on June 15, 2016: all was removed & cleared will-dampers were risit The HVAC systems throughout the building are compromised due to the obstruction of ceiling supply and return ducts by activated radiation dampers. 3. Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components. This would affect all residents by not containing smoke and fire in the room or smoke compartment of origin. Findings on June 15, 2016: All openings were covered b. The main Laundry has a ceiling split open. d. The main Laundry room has an open junction box in the ceiling e. The kitchen has a hole in the wall behind the entry door from the service corridor f. The corridor has unprotected penetrations in the ceiling at the modems. h. The HVAC room in the attic over room 5 has unprotected penetrations in the walls . The attic smoke barrier wall at room 38 has unprotected penetrations by cable, and the tape is falling off These unprotected openings are not in conformance with the requirement to use a through penetration fire stop system that has

been tested in accordance with ASTM E-814

Based on observation, the building mechanical.

ssystems were not maintained in a safe manner

penetrations. This would affect all residents by not containing smoke and fire in the room or

by omitting radiation dampers in ceiling

smoke compartment of origin.

all champnores were serviced

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in the following locations:

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A BUILDING: 01 HAL041049 B. WING 06/15/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3823 LAWNDALE DRIVE BROOKDALE LAWNDALE DRIVE GREENSBORO, NC 27455 SUMMARY STATEMENT OF DEFICIENCIES ID. PROVIDER'S PLAN OF CORRECTION PREFIX EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) (C 189) Continued From page 3 (C 189) replaced from building the day of - 6115110 a) Exit sign near room 15 is not working on battery backup. (C 191) Universed & Portable Elec. Heaters Prohibited {C 191} SECTION 0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the facility was not maintained in a safe manner by having portable electric heaters in use Findings on June 15, 2016: Portable electric heaters were found in the following locations: b) Business Office next to Administrator Office. (C 199) Exhaust Ventilation {C 199}

REQUIREMENTS

SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER

(g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in

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